DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 10004958-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original first and sole inventor (if only

joint inventor (if plural patent is sought on the	nal, first and sole inventor (if or names are listed below) of the invention entitled: th Phosphorescent Imaging Targ	e subject matter whic	below) or an original, first and the school of the school		
the specification of wh	ich is attached hereto unless th	e following box is che	cked:		
	as US Applic and was amended on	_			
disclose all information	nave reviewed and understood as amended by any amendmen which is material to patentabili	t(s) referred to above	. I acknowledge the duty to		
Foreign Application(s) and/or	[,] Claim of Foreign Priority ty benefits under Title 35, United Stat	tas Cada Saatian 110 of a	ny foreign application/s) for a second		
inventor(s) certificate listed b	below and have also identified below ar application on which priority is claimed	ny foreign application for pa	itent or inventor(s) certificate having a		
COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119		
N/A			YES: NO:		
			YES: NO:		
Provisional Application					
च nereby claim the benefit u _below:	nder Title 35, United States Code Sec	ction 119(e) of any United	States provisional application(s) listed		
	APPLICATION SERIAL NUMBER	FILING DATE	¬		
	N/A		7		
ests			-		
U. S. Priority Claim					
inereby claim the benefit uninsofar as the subject matte	nder Title 35, United States Code, Se r of each of the claims of this applicat	ection 120 of any United S	tates application(s) listed below and,		
manner provided by the first information as defined in Titl	t paragraph of Title 35, United States le 37, Code of Federal Regulations, Sec or PCT international filing date of this ap	Code Section 112, I acknoction 1.56(a) which occurre	owledge the duty to disclose material		
APPLICATION SERIAL NUME	BER FILING DATE	STATUS (pa	itented/pending/abandoned)		
⇒ N/A					
POWER OF ATTORNEY: As a named inventor, I her business in the Patent and Tr	reby appoint the following attorney(s) rademark Office connected therewith:	and/or agent(s) to prosec	cute this application and transact all		
Customer	Number 022879	Place Customer Number Bar Code Label here			
Send Correspondence to: HEWLETT-PACKARD CO		Direct Telephone (Calls To:		
Intellectual Property Administration		L.Joy Griebenow			
P.O. Box 272400 Fort Collins, Colorado 80	0527-2400	(970) 898-3884			
the knowledge that will or both, under Section	all statements made herein of med belief are believed to be true liful false statements and the li 1001 of Title 18 of the United dity of the application or any pa	e; and further that the: ke so made are punis! I States Code and tha	se statements were made with hable by fine or imprisonment.		
Full Name of Inventor: Ricl	nard Lynn Gardner Jr	Citizenship: US	778		
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		1106			

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 10004958-1

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Faul C. C.	Skin	6-	13-01		
Inventor's Signature		Date			
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Post Office Address:	Same as residence				
Michael	· dal	61	10/07		
Inventor's Signature		Date (
Full Name of # 4 joint inventor:			Citizenship:		
Residence:					
Post Office Address: Inventor's Signature Full Name of # 5 joint inventor:					
Inventor's Signature		Date			
ar to the					
Full Name of # 5 joint inventor:	:		Citizenship:		
Residence:					
Post Office Address:			4		
Inventor's Signature					
is inventor's Signature		Date			
Full Name of # 6 joint inventor:	:		Citizenship:		
Residence:					
Post Office Address:					
Inventor's Signature		D-4			
on o olginataro		Date			
Full Name of # 7 joint inventors	:		Citizenship:		
Residence:			***		
Post Office Address:					
Inventor's Signature		Date	The state of the s		
_		Date			
Euli Nama of # 0 latest to			0		
Full Name of # 8 joint inventor	:		Citizenship:		
Residence:					
Post Office Address:					
Inventor's Signature		Date			